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| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of: Illinois (State) | <u></u> |
| Case number (if known) | Chapter you are filing under: |
| | Chapter 7 |
| | Chapter 11 Chapter 12 |
| | Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | f | |
|--|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Diane | |
| Write the name that is on | First name | First name |
| your government-issued picture identification (for | Middle name | Middle name |
| example, your driver's license or passport | Riggins Last name | Last name |
| Bring your picture | | |
| identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | | |
| have used in the last 8 years | First name | First name |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 | XXX - XX- 2275 | xxx - xx- |
| digits of your Social Security number or federal | OR | OR |
| Individual Taxpayer Identification | 9 xx - xx- | 9 xx - xx- |
| number (ITIN) | | |

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| De | ebtor 1 Diane | Riggins | Case number (if known) |
|---|---|---|--|
| | First Name | Middle Name Last Name | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer | ✓ I have not used any business names or EINs. | I have not used any business names or EINs. |
| Identification Numbers (EIN) you have used in the | | Business name | Business name |
| | last 8 years | Business name | Business name |
| | Include trade names and doing business as names | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 8031 S Princeton Ave Apt 1 Number Street | Number Street |
| | | Chicago Illinois 60620 | |
| | | City State Zip Code | City State Zip Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | City State Zip Code | City State Zip Code |
| 6. | Why you are | Check one: | Check one: |
| | choosing this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | | |
| | | | |
| | | | |
| | | | |

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| Debioi | First Name | Middle Name | E Last Name | | Case number (ii know | | |
|---|--|--|---|----------------|--|---|----------------------------------|
| Part 2: | Tell the Court Abo | | | | | | |
| Bar you | chapter of the kruptcy Code are choosing to under | | rief description of each, see <i>Notic</i> the top of page 1 and check the ap | | | (b) for Individuals | Filing for Bankruptcy (Form |
| 8. Hov | v you will pay fee | ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. | | | | | |
| ban | e you filed for kruptcy within last 8 years? | No. Yes. District District District | Northern District of Illinois Northern District of Illinois Northern District of Illinois | When When When | 5/8/2015 MM / DD / YYYY 9/19/2014 MM / DD / YYYY 3/28/2013 MM / DD / YYYY | Case number _ Case number _ Case number _ | 15-16506 14-34102 13-12648 |
| cas beid spo filin you bus | any bankruptcy es pending or ng filed by a use who is not g this case with , or by a iness partner, or an affiliate? | ✓ No. Yes. Debtor District Debtor District | | When When | MM / DD / YYYY MM / DD / YYYY | Relationship to y Case number, if Relationship to y Case number, if | known |
| | you rent your dence? | ✓ No. | landlord obtained an eviction judgr Go to line 12. Fill out <i>Initial Statement About an</i> this bankruptcy petition. | | | | |

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| Debtor 1 Diane | | | | Riggins | Case number (if known) |) | |
|---|---------------------|--------------------|---|--|--|--|-----------|
| First Name | _ | | | Last Name | | | |
| Part 3: Report About An | y Bus | inesse | es You Own as a S | sole Proprietor | | | |
| 12. Are you a sole proprietor of any full- or part-time business? | ✓ | No. Yes. | Go to Part 4. Name and location of b | ousiness | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | Single Asset Re Stockbroker (as | Street Street | 11 U.S.C. § 101(27A)) d in 11 U.S.C. § 101(51B)) § 101(53A)) | Zip Code | — — |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | dead opera | <i>lines.</i> If y | ou indicate that you are a ash-flow statement, and | a s <i>mall business deb</i> | tor, you must attach your mos | ss debtor so that it can set appr it recent balance sheet, stateme ents do not exist, follow the pro | ent of |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D). | | No. No. Yes. | Bankruptcy Code. | er 11, but I am NOT | a small business debtor acco | ording to the definition in the to the definition in the Bankrup | tcy Code. |
| Part 4: Report if You Ow | n or l | Have A | Any Hazardous Pro | operty or Any P | roperty That Needs In | nmediate Attention | |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard | ✓ □ | No. Yes. | What is the hazard? | | | | |
| to public health or safety? Or do you own any property that needs | | , | Where is the property? | Number | Street | | |
| immediate attention? | | | | | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | City | State | Zip Code | |

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Debtor 1 Diane Riggins Case number (if known)

First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

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| | | known) | | | |
|--|--|---|--|--|--|
| | | | | | |
| 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. ✓ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. | | | | | |
| 7. Are you filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | erty is excluded and administrative expenses are | | | |
| ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | | |
| \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | |
| \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | |
| | | | | | |
| and correct. If I have chosen to file under C 11,12, or 13 of title 11, United S choose to proceed under Chapt If no attorney represents me arme fill out this document, I have I request relief in accordance w I understand making a false state connection with a bankruptcy of | chapter 7, I am aware that I may postates Code. I understand the relievant of the payor agree to pay so the obtained and read the notice receivith the chapter of title 11, United statement, concealing property, or obtained can result in fines up to \$250 (52, 1341, 1519, and 3571. | proceed, if eligible, under Chapter 7, ef available under each chapter, and I comeone who is not an attorney to help equired by 11 U.S.C. § 342(b). States Code, specified in this petition. | | | |
| | estions for Reporting Purpos 16a. Are your debts primarily 101(8) as "incurred by an No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily obtain money for a busine investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts your debts. No. I am not filing under Chapter 7. Depaid that funds will be available with the debt debt debt debt debt debt debt deb | Last Name Last Name | | | |

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| Debtor 1 | Diane | | Riggins | Case number (| if known) |
|--|-----------------|---|---|---|---|
| | First Name | Middle Name | Last Name | | |
| you are by one If you a represe | | eligibility to proceed u the relief available un- to the debtor(s) the no certify that I have no I petition is incorrect. | nder Chapter 7, 11, 12 der each chapter for w tice required by 11 U.s | , or 13 of title 11, U hich the person is e S.C. § 342(b) and, ir | nat I have informed the debtor(s) about nited States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the |
| | file this page. | /s/ Mark Bernache Signature of Attorney | | Date | 9/30/2016 MM / DD / YYYY |
| | | Printed name Semrad Law Firm Firm name 11101 S. Western Ave | enue | | |
| | | Chicago | | Illinois | 60643 |
| | | City | | State | Zip Code |
| | | Contact phone | 3128374026 | Email address | mbernachea@semradlaw.com |
| | | 6317545 | | Illino | ois |
| | | Bar number | | State | e |

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| Debtor 1 Diane First Name | Middle Name | Riggins Last Name | Case num | nber (if known) | |
|---|---------------------|----------------------------|-------------|-----------------|----------|
| Additional Page | | | | | |
| 9. Have you filed for bankruptcy within | ☐ No. | | | | |
| the last 8 years? | ✓ Yes. District Nor | thern District of Illinois | When 9/14/2 | | 15-30513 |
| | | | MM / DI | D/YYYY | |

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| Fill in this information to identify your case: | | | | | | |
|---|----------------|-------------|----------------------|--|--|--|
| Debtor 1 | Diane | | Riggins | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if fili | ng) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois | | | |
| Case number (If known) | - | | (State) | | | |

| Check if this is ar |
|---------------------|
| amended filing |

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|------------------------------------|
| | Your assets |
| | Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$43,620.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$43,620.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$55,666.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$18,340.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$15,613.00 |
| Your total liabilities | \$89,619.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$3,850.00 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$3,400.00 |
| | |

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| De | ebtor 1 Diane | Riggins | Case number (if known) | | | | |
|------|---|--|---|------------|--|--|--|
| | | dle Name Last Name | tool Booked | | | | |
| Par | rt 4: Answer These Questions for | Administrative and Statist | icai Records | | | | |
| 6. | Are you filing for bankruptcy under Chap | oters 7, 11, or 13? | | | | | |
| | | part of the form. Check this box and su | ubmit this form to the court with your other schedules. | | | | |
| | ✓ Yes. | | | | | | |
| 7. \ | What kind of debt do you have? | | | | | | |
| | Your debts are primarily consumer of family, or household purpose. 11 U.S.C | | curred by an individual primarily for a personal, stical purposes. 28 U.S.C. § 159. | | | | |
| | Your debts are not primarily consur this form to the court with your other sol | | rt on this part of the form. Check this box and submit | | | | |
| 8. | From the Statement of Your Current M Form 122A-1 Line 11; OR, Form 122B Line | | rent monthly income from Official | \$3,845.21 | | | |
| 9. | Copy the following special categories | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | |
| | From Part 4 on Schedule E/F, copy the | following: | Total claim | | | | |
| | 9a. Domestic support obligations (Copy li | ne 6a.) | \$0.00 | | | | |
| | 9b. Taxes and certain other debts you owe | the government. (Copy line 6b.) | \$18,340.00 | | | | |
| | 9c. Claims for death or personal injury wh | ile you were intoxicated. (Copy line 6 | c.) \$0.00 | | | | |
| | 9d. Student loans. (Copy line 6f.) | | \$0.00 | | | | |
| | 9e. Obligations arising out of a separation | agreement or divorce that you did no | ot report as \$0.00 | | | | |
| | priority claims. (Copy line 6g.) | | | | | | |
| | 9f. Debts to pension or profit-sharing plan | s, and other similar debts. (Copy line | \$0.00 \$0.00 | | | | |
| | 9g. Total. Add lines 9a through 9f. | | \$18,340.00 | | | | |

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| Fill in this | information to identify your c | ase: | | | | |
|-----------------------------------|---|--|--|--|---|--|
| Debtor 1 | Diane | | | Riggins | | |
| | First Name | Middle N | Name | Last Name | | |
| Debtor 2 Spouse. | if filing) First Name | Middle N | Name | Last Name | | |
| | | | 10.110 | | | |
| Jnited St | ates Bankruptcy Court for the | : Northern | | District of Illinois (State) | | |
| Case nur If known) | | | | (State) | | |
| Officia | al Form 106A/B | | | | | Check if this is an amended filing |
| Sche | dule A/B: Prop | nertv | | | | 12/1 |
| ategory esponsik vrite your | where you think it fits best. ble for supplying correct in name and case number (if | . Be as complete an formation. If more s known). Answer ev | d accurat space is r very quest | only once. If an asset fits in more than e as possible. If two married people are needed, attach a separate sheet to this ion. | e filing together, both are form. On the top of any a | equally dditional pages, |
| | | | | dence, building, land, or similar proper | | |
| 百 | Yes. Where is the property? | • | | | | |
| 1.1 | Street address, if available, | or other description | | the property? Check all that apply. le-family home | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: aims Secured by Property. |
| | Street address, ii available, | or other description | Duplex or multi-unit building Condominium or cooperative | | Current value of the entire property? | Current value of the portion you own? |
| | | | ш. | ufactured or mobile home | | |
| | Number Street | | Land | stment property | Describe the nature of | |
| | | | Time | eshare | interest (such as fee si the entireties, or a life | |
| | City State | Zip Code | Othe | et | | |
| | | | one. | s an interest in the property? Check | Check if this is co (see instructions) | |
| | | | _ | tor 1 only | _ | |
| | | | | tor 2 only tor 1 and Debtor 2 only | | |
| | | | | ast one of the debtors and another | | |
| | | | Other in | oformation you wish to add about this in the state of the | tem, such as local | |
| If you | own or have more than one, li | ist here: | | | 5 (11) | |
| 1.2 | Street address, if available, | or other description | Sing | the property? Check all that apply. le-family home lex or multi-unit building | the amount of any secure | laims or exemptions. Put ed claims on <i>Schedule D:</i> aims Secured by Property. |
| | | | Con | dominium or cooperative ufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | | | Land | | | |
| | Number Street | | | stment property eshare | Describe the nature of interest (such as fee si the entireties, or a life | mple, tenancy by |
| | City State | Zip Code | Othe | | une entireties, or a me | estate), ii kilowii. |
| | | | one. | s an interest in the property? Check | Check if this is co (see instructions) | |
| | | | L Deb | tor 1 only | | |

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtor 2 only

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| Debtor 1 | Diane First Name | Middle Name | Riggins C | ase number (if known) | | |
|-------------------------------|---|---|---|------------------------------|-------------------------------------|---|
| 1.3 | eet address, if available, or oth | [| Inat is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amo Credito Currer | ount of any secure | aims or exemptions. Put d claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| Nui | nber Street State | Zip Code | Land Investment property Timeshare Other | interes the ent | tireties, or a life o | your ownership mple, tenancy by estate), if known. |
| | | | Tho has an interest in the property? Ch Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another ther information you wish to add about | (se | ee instructions) | |
| | | tion you own for all | roperty identification number: I of your entries from Part 1, including | | | |
| Do you o you own th | at someone else drives. If you ans, trucks, tractors, sport utili o | equitable interest in u lease a vehicle, also | any vehicles, whether they are register o report it on Schedule G: Executory Contra cles | | • | |
| 3.1 | Model: Year: | Chrysler 200 2013 | Who has an interest in the property one. Debtor 1 only | the amo | ount of any secure | aims or exemptions. Put d claims on Schedule D: ims Secured by Property. |
| | Approximate mileage: Other information: used 2013 Chrysler 200 (De | a0000 ebtor to surrender) | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth Check if this is community prope | entire \$17500 er | nt value of the property? .00 | Current value of the portion you own? \$17500.00 |
| 3.2 | Make Model: Year: Approximate mileage: | Dodge Caravan 2016 1000 | instructions) Who has an interest in the property one. Debtor 1 only | the amo | ount of any secure | aims or exemptions. Put declaims on Schedule D: hims Secured by Property. |
| | Other information: used 2016 Dodge Caravan | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth | entire | nt value of the property? | Current value of the portion you own? \$24370.00 |

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| Debtor 1 | Diane | Riggins Case numbe | r (if known) | |
|----------|---------------------------------------|---|------------------------|---|
| | | Name Last Name | | |
| 3.3 | Make | Who has an interest in the property? Check | | claims or exemptions. Put |
| | Model: | one. | • | red claims on Schedule D: |
| | Year: | Debtor 1 only | Creditors Who Have C | laims Secured by Property. |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see | | |
| | | instructions) | | |
| 3.4 | Make | Who has an interest in the property? Check | Do not deduct secured | claims or exemptions. Put |
| | Model: | one. | • | red claims on Schedule D: |
| | Year: | Debtor 1 only | Creditors Who Have C | laims Secured by Property. |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see | | |
| | | instructions) | | |
| 4.1 | Make | Who has an interest in the property? Check one. | | claims or exemptions. Put red claims on Schedule D: |
| | Year: | Debtor 1 only | Creditors Who Have C | laims Secured by Property. |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | | | |
| | | Check if this is community property (see instructions) | | |
| 4.2 | Make | Who has an interest in the property? Check | Do not deduct secured | claims or exemptions. Put |
| | Model: | one. | the amount of any secu | red claims on Schedule D: |
| | Year: | Debtor 1 only | Creditors Who Have C | laims Secured by Property. |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see | | |
| | | instructions) | | |
| 5. Add | the dollar value of the portion you o | own for all of your entries from Part 2, including any entrie | s for pages | 14070.00 |
| | | mber here | | 11870.00 |

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| D | ebtor 1 | | Riggins | Case number (if known) | |
|-----------------------------|----------------------------------|--------------------------------|---|-----------------------------|--|
| Pa | art 3: | First Name Describe Y | Middle Name Last Name 'our Personal and Household Items | | |
| | | | ave any legal or equitable interest in any of the follo | owing items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | | and furnishings liances, furniture, linens, china, kitchenware | | |
| <u>✓</u> | Yes. D | escribe | miscellaneous household goods and furnishings | | \$1100.00 |
| | 7. Electr Exampl No | | s and radios; audio, video, stereo, and digital equipment; computers, pr | rinters, scanners; music | |
| ✓ | Yes. D | escribe | miscellaneous household electronics: cell phone, television | | \$150.00 |
| | Exampl No | stamp, co | ue and figurines; paintings, prints, or other artwork; books, pictures, or oth in, or baseball card collections; other collections, memorabilia, collecti | - | |
| L | Yes. D | escribe | | | |
| | | es: Sports, ph | orts and hobbies totographic, exercise, and other hobby equipment; bicycles, pool tables as; carpentry tools; musical instruments | s, golf clubs, skis; canoes | |
| $ \overline{\mathbf{Z}} $ | No | | | | _ |
| L | Yes. D | escribe | | | |
| | | | es, shotguns, ammunition, and related equipment | | - |
| Ė | | escribe | | | |
| | | | clothes, furs, leather coats, designer wear, shoes, accessories | | |
| 닏 | No No | | | | 7 |
| ⊻ | Yes. D | escribe | used clothing and apparel | | \$450.00 |
| | | • | ewelry, costume jewelry, engagement rings, wedding rings, heirloom je er | ewelry, watches, gems, | |
| Ė | | escribe | | | |
| | Exampl | -farm animal les: Dogs, cat | s s, birds, horses | | |
| ¥ | No Yes. D | escribe | | | |
| | | | | | |
| | 4. Any No | otner person | nal and household items you did not already list, including any he | eaith aids you did not list | |
| Ė | | escribe | | | |
| | | | lue of all of your entries from Part 3, including any entries for pa | | \$1700.00 |

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| Den | Tiret Name | Middle Name | Riggins | Case Hulliber (ii kriowri) | |
|------|---|---|---------------------------------|--|--|
| Part | First Name Pescribe Your | r Financial Assets | Last Name | | |
| | | any legal or equitable in | terest in any of the fo | llowing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash Examples: Money you ha | ave in your wallet, in your home, in a | a safe deposit box, and on hand | d when you file your petition | |
| | = | | | Cash: | |
| 17. | Examples: Checking, | savings, or other financial accounts nstitutions. If you have multiple acc | | es in credit unions, brokerage houses, | |
| | ✓ Yes | | Institution name: | | |
| | | 17.1. Checking account: | Chase | | \$50.00 |
| | | 17.2. Checking account: | | | |
| | | 17.3. Savings account: | | | |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| 18. | | s, or publicly traded stocks | as firms manay modest seesi | nto. | |
| | No No | , investment accounts with brokera | ge IIIms, money market accoul | ııs | |
| | Yes | Institution or issuer name: | | | |
| | | | | | |
| | | | | | |
| 19. | Non-publicly traded an LLC, partnership No | | ated and unincorporated b | usinesses, including an interest in | |
| | Yes. Give specific information about them | Name of entity | | % of ownership: | |
| | u om | | | | |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

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| Deb | tor 1 | Diane | | Riggins | Case number (if known) | |
|-----|------------|---|--|---------------------------------------|---------------------------------|---|
| | | First Name | Middle Name | Last Name | | |
| 20. | Neg Nor | otiable instruments ir n-negotiable instrume | orate bonds and other negotianclude personal checks, cashiers' nts are those you cannot transfer t | checks, promissory notes, and m | oney orders. | |
| | | No Yes. Give specific information about them | Issuer name: | | | |
| | | | | | | _ |
| | | | | | | |
| 21. | Exa | | accounts RA, ERISA, Keogh, 401(k), 403(b), | thrift savings accounts, or other | pension or profit-sharing plans | |
| | | No Was List a sale | Type of account: | Institution name: | | |
| | ш | Yes. List each account | 401(k) or similar plan: | | | |
| | | separately. | Pension plan: | | | |
| | | | IRA: | | | |
| | | | Retirement account: | | | |
| | | | Keogh: | | | |
| | | | Additional account: | | | |
| | | | Additional account: | | | |
| 22. | You Exa | | orepayments deposits you have made so that you with landlords, prepaid rent, public | | | |
| | ✓ | No | | Institution name: | | |
| | | Yes | Electric: | | | |
| | | | Gas: | | | - |
| | | | Heating oil: | | | |
| | | | Security deposit on rental unit: | | | |
| | | | Prepaid rent: | | | |
| | | | Telephone: | | | |
| | | | Water: | | | |
| | | | Rented furniture: | | | |
| | | | Other: | | | |
| 23. | Anr | • | r a periodic payment of money to y | ou, either for life or for a number o | of years) | |
| | | No Yes | Issuer name and description: | | | |
| | | | - | | | |
| | | | | | | |

Official Form 106A/B Schedule A/B: Property page 6

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| Debte | or 1 Diane First Name Mide | Riggins lle Name Last Name | Case number (if known) | |
|------------|---|--|--|---|
| 24. | | ccount in a qualified ABLE program, or under a | a qualified state tuition program | |
| | No Institution name and description | ription. Separately file the records of any interests.11 | U.S.C. § 521(c): | |
| | | | | |
| 25. | Trusts, equitable or future interests in exercisable for your benefit | n property (other than anything listed in line 1), | and rights or powers | |
| | ✓ No Yes. Describe | | | |
| 26. | | e secrets, and other intellectual property tes, proceeds from royalties and licensing agreemen | nts | |
| | Yes. Describe | | | |
| 27. | Licenses, franchises, and other general Examples: Building permits, exclusive licenses. | ral intangibles enses, cooperative association holdings, liquor licer | nses, professional licenses | |
| | ✓ No Yes. Describe | | | |
| | | | | |
| Mon | ney or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ney or property owed to you? Tax refunds owed to you | | | portion you own? Do not deduct secured |
| | | | | portion you own? Do not deduct secured |
| | Tax refunds owed to you ✓ No ✓ Yes. Give specific information | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed to you ✓ No ☐ Yes. Give specific information about them, including whether | | | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years | spousal support, child support, maintenance, divorce | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, | spousal support, child support, maintenance, divorce | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years | spousal support, child support, maintenance, divorce | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, ✓ No | spousal support, child support, maintenance, divorce | State: Local: e settlement, property settlement | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, ✓ No | spousal support, child support, maintenance, divorce | State: Local: e settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, ✓ No | spousal support, child support, maintenance, divorce | State: Local: e settlement, property settlement Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, ✓ No | spousal support, child support, maintenance, divorce | State: Local: e settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, ✓ No Yes. Give specific information | spousal support, child support, maintenance, divorce nce payments, disability benefits, sick pay, vacation p | State: Local: e settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, ✓ No Yes. Give specific information | nce payments, disability benefits, sick pay, vacation p | State: Local: e settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, ✓ No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability insura Social Security benefits; unpaid | nce payments, disability benefits, sick pay, vacation p | State: Local: e settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 Diane | Riggins | Case number (if known) | |
|------|---|---|---|---|
| | First Name Middle Name | e Last Name | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; he | ealth savings account (HSA); credit, ho | meowner's, or renter's insurance | |
| | Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | Any interest in property that is due you from If you are the beneficiary of a living trust, expect property because someone has died. | | r are currently entitled to receive | |
| | Yes. Describe | | | |
| 33. | Claims against third parties, whether or not Examples: Accidents, employment disputes, inst | | demand for payment | |
| | ✓ No Yes. Describe | | | |
| 34. | Other contingent and unliquidated claims of to set off claims | of every nature, including countered | aims of the debtor and rights | |
| | ✓ No Yes. Describe | | | |
| 35. | Any financial assets you did not already list | | | |
| | ✓ No Yes. Describe | | | |
| 36. | Add the dollar value of all of your entries fro for Part 4. Write that number here | | | \$50.00 |
| Part | 5: Describe Any Business-Related | Property You Own or Have a | n Interest In. List any real estate i | n Part 1. |
| 37. | Do you own or have any legal or equitable in | nterest in any business-related prop | erty? | |
| | No. Go to Part 6. Yes. Go to line 38. | | Co po Do | urrent value of the ortion you own? onto deduct secured claims exemptions |
| 38. | Accounts receivable or commissions you alm | eady earned | | |
| | Yes. Describe | | | |
| 39. | Office equipment, furnishings, and supplies Examples: Business-related computers, software | | ines, rugs, telephones, desks, chairs, electror | nic devices |
| | ✓ No Yes. Describe | | | |
| | | | | |

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| Deb | tor 1 Diane | Riggins Case number (if known) | |
|------------|-----------------------------------|--|---------------------------------------|
| 40. | First Name Machinery fixtures ac | Middle Name Last Name quipment, supplies you use in business, and tools of your trade | |
| 40. | | pupinent, supplies you use in business, and tools of your trade | |
| | ✓ No Yes. Describe | | |
| | Tes. Describe | | |
| | | | |
| 41. | Inventory | | |
| | ✓ No | | |
| | Yes. Describe | | |
| | - | | |
| 42. | Interests in partnersh | ips or joint ventures | |
| | ✓ No | | |
| | Yes. Give specific | Name of entity: % of ownership: | |
| | information about | | |
| | them | | |
| | | | |
| 43. (| Customer lists, mailing | lists, or other compilations | |
| | ✓ No | | |
| | _ | iclude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| | | | |
| | ∐ No | | |
| | Yes. Desc | ribe | |
| 44. | Any business-related | property you did not already list | |
| | ✓ No | | |
| | Yes. Give specific | | |
| | information | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 45. A | dd the dollar value of a | II of your entries from Part 5, including any entries for pages you have attached | |
| | | r here | |
| Part | | Farm- and Commercial Fishing-Related Property You Own or Have an Interest I | n. |
| | If you own or have a | n interest in farmland, list it in Part 1. | |
| 46. | Do you own or have a | ny legal or equitable interest in any farm- or commercial fishing-related property? | |
| | No. Go to Part 7. | | Current value of the portion you own? |
| | Yes. Go to line 47. | | Do not deduct secured |
| | | | claims |
| <u>4</u> 7 | Farm animals | | or exemptions |
| 77. | Examples: Livestock, po | ultry, farm-raised fish | |
| | ✓ No | | |
| | Yes. Describe | | |
| | _ | | |
| | | | |

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| Debt | tor 1 Diane | Middle Nesse | Riggins | Case number (if known) | |
|-----------------|-------------------------------------|---|---------------------------|--------------------------------|--------------|
| 48. | First Name Crops-either growing of | Middle Name | Last Name | | |
| 40. | _ | Ji ilai vesteu | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 49. | Farm and fishing equip | oment, implements, machinery, fix | tures, and tools of trade | • | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 50. | Farm and fishing supp | lies, chemicals, and feed | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | _ | | | | |
| 51. | Any farm- and commer | cial fishing-related property you d | id not already list | | |
| | ✓ No | | , | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | Г | |
| | | of your entries from Part 6, include | | = | |
| tor Pa | art 6. Write that number | here | | | |
| | | | | | |
| Dowt | Za Dogoviho All Du | amartu Vau Ourn ar Hava an | Interest in That Ver | Did Not List Above | |
| Part 53. | | operty You Own or Have an perty of any kind you did not alread | | Did Not List Above | |
| 55. | | , country club membership | ay not: | | |
| | ✓ No | | | | 1 |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| | | | | | |
| 54. A | dd the dollar value of all | of your entries from Part 7. Write | that number here | • | |
| | | | | | |
| | | | | | |
| Part | 8: List the Totals of | of Each Part of this Form | | | |
| 55. F | Part 1: Total real estate, I | ine 2 | | > | <u> </u> |
| | | | | | |
| 56. p | part 2 total vehicles, line | 5 | \$41870.00 | <u> </u> | |
| 57. P | art 3: Total personal and | d household items, line 15 | \$1700.00 | <u></u> | |
| 58. P | art 4: Total financial ass | ets, line 36 | \$50.00 | | |
| 59. F | Part 5: Total business-re | lated property, line 45 | <u>-</u> | _ | |
| 60. F | Part 6: Total farm- and fi | shing-related property, line 52 | | _ | |
| | Part 7: Total other prope | | | <u> </u> | |
| | | | | | |
| 62. 1 | otal personal property. | Add lines 56 through 61 | \$43620.00 | Copy personal property total ▶ | + \$43620.00 |
| | | | | Copy personal property total | |
| cc - | atal at all | alaadada AID Additio 55 P. CC | | | \$43620.00 |
| o3. I | otal of all property on Se | chedule A/B. Add line 55 + line 62 | | | |

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| Debtor 1 | Diane | | Pigging |
|----------------------|---------------------------|-------------|----------------------|
| Debior 1 | | | Riggins |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if fili | ng) First Name | Middle Name | Last Name |
| | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois |
| | . , | | (State) |
| Case number | | | (Glato) |
| (If known) | | | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | t 1: Identify the Property You Cla | im as Exempt | | | | |
|-----|--|---|---|------------------------------------|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | |
| | Brief description: used clothing and apparel Line from Schedule A/B: 11 | \$450.00 | \$450.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) | | |
| | Brief description: miscellaneous household goods and furnishings Line from Schedule A/B: 06 | \$1,100.00 | \$1,100.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Official my 456C | v3 years after that for ca | | page 1 | | |

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| | Diane | | Riggins Case number (if known | n) |
|------------------------------|---|---|---|------------------------------------|
| | | ddle Name | Last Name | |
| art 2: | Additional Page | | | |
| | description of the property and on Schedule A/B that lists this erty | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
| r i | ription: miscellaneous nousehold electronics: cell phone, television | \$150.00 | \$150.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Line f | from dule A/B:07 | | | |
| Line f | ription: Chase | \$50.00 | \$50.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| ן נ <u>(</u> Line f | ription: Dodge, Caravan, 2016, used 2016 Dodge Caravan from dule A/B: 03 | \$24,370.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |

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| Fill in | this inform | ation to identify your case | | | | | |
|--------------------------|---|---|---|---|---|---|-----------------------------------|
| Dobt | or 1 | Diana | | Diggino | | | |
| Debto | OI I | Diane First Name | Middle Name | Riggins Last Name | | | |
| Debte | or 2 | · not riamo | madio Hamo | 2001.101.10 | | | |
| | | First Name | Middle Name | Last Name | | | |
| Unite | d States Ba | ankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case (If kno | number own) | | | (Giate) | | | |
| Off | icial F | Form 106D | | | | | heck if this is an |
| | | | ors Who Ha | ve Claims Secur | ed by Pro | | mended filing 12/15 |
| Be as space and ca | complete is needed ase numb | and accurate as possib | le. If two married people age, fill it out, number the | are filing together, both are equal e entries, and attach it to this form | ly responsible for s | upplying correct inforr | |
| | | neck this box and submit thill in all of the information b | • | ur other schedules. You have nothing | else to report on this f | form. | |
| Part ' | | all Secured Claims | JEIUW. | | | | |
| 2. | List all se | ecured claims. If a credito claim. If more than one cre | | ed claim, list the creditor separately, list the other creditors in Part 2. As g to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | US Bank Creditor's | Name | Describe the property t | that secures the claim: | \$28,666.00 | \$24,370.00 | \$4,296.00 |
| | Cincinna City Who ow Debte Debte At lea anoth | state ZIP Code es the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and er ck if this claim relates community debt | Contingent Unliquidated Disputed Nature of lien. Check al An agreement you m car loan) | nade (such as mortgage or secured as tax lien, mechanic's lien) a lawsuit ght to offset) | | | |
| 2.2 | Chrysler (| | Describe the property t | that accurac the alaim. | \$27,000.00 | \$17,500.00 | \$9,500.00 |
| | Debte Debte Debte At lea anoth | Texas 76161 State ZIP Code es the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and er ck if this claim relates | Contingent Unliquidated Disputed Nature of lien. Check al An agreement you make car loan) | I that apply. I that apply. Inade (such as mortgage or secured as tax lien, mechanic's lien) I a lawsuit | | | |
| | Date deb incurred | | Last 4 digits of accour | nt number | | | |
| | Add the dollar value of your entries in Column A on this page. Write that | | | | \$55,666.00 | | |

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| Fill in this | s information to identify your case | 9: | | | | | |
|---|---|---|--|---|------------------------------|------------------------------------|--------------------------|
| Debtor 1 | Diane | | Riggins | _ | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, | if filing) First Name | Middle Name | Last Name | _ | | | |
| United S | tates Bankruptcy Court for the: | Northern | District of Illinois (State) | _ | | | |
| Case nur (If known) | | | (State) | _ | | | |
| Officia | al Form 106E/F | | | , | Che | ck if this is an | amended filing |
| Sche | edule E/F: Cre | ditors Who | Have Unsecu | red Claims | | | 12/15 |
| 106Á/B) a that are li entries in known). | ind on Schedule G: Executory sted in Schedule D: Creditors | Contracts and Unexpires Who Hold Claims Secuther the Continuation Page to the Continuation Page | result in a claim. Also list exe ed Leases (Official Form 106G ired by Property. If more spac o this page. On the top of any |). Do not include any cre e is needed, copy the P | editors with art you need | partially sec I, fill it out, n | ured claims umber the |
| 2. Liste much Corr | d, identify what type of claim it is. ch as possible, list the claims in a ntinuation Page of Part 1. If more | claims. If a creditor has n If a claim has both priority lphabetical order accordin than one creditor holds a | nore than one priority unsecured and nonpriority amounts, list that g to the creditor's name. If you hat particular claim, list the other creor this form in the instruction boo | t claim here and show both ave more than two priority ditors in Part 3. | n priority and | nonpriority an | nounts. As |
| | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 IR | S 1 | lac | st 4 digits of account number | | \$18,340.00 | \$18,340.00 | \$0.00 |
| | ority Creditor's Name | | | | | | |
| | DBox 7346 Imber Street | VVI | nen was the debt incurred? | n/a | | | |
| | | As | of the date you file, the claim | is: Check all that apply. | | | |
| Ph | iladelphia Pennsylvania | 19101 | Contingent | | | | |
| Cit | | Zip Code | Unliquidated | | | | |
| | ho incurred the debt? Check of | one. | Disputed | | | | |
| <u> </u> <u></u> | | Тур | e of PRIORITY unsecured cla | im: | | | |
| <u> </u> | Debtor 2 only | Ä | Domestic support obligations | | | | |
| | Debtor 1 and Debtor 2 only | | Taxes and certain other debts yo | ou owe the government | | | |
| | At least one of the debtors and Check if this claim relates to | | Claims for death or personal inj | ury while you were | | | |
| | debt | · | Other. Specify | | | | |
| is 🗸 | the claim subject to offset? No | | | | | | |
| | Yes | | | | | | |

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| Debte | | ggins Case number (if known) | | | | |
|--------|--|--|-------------------|--|--|--|
| | | st Name | | | | |
| Part 2 | 2: List All of Your NONPRIORITY Unsecured Claim | S | | | | |
| 3. | 3. Do any creditors have nonpriority unsecured claims against you? | | | | | |
| | No. You have nothing to report in this part. Submit this form to the | e court with your other schedules. | | | | |
| | ✓ Yes. | | | | | |
| | unsecured claim, list the creditor separately for each claim. For each | Il order of the creditor who holds each claim. If a creditor has more to claim listed, identify what type of claim it is. Do not list claims already income in Part 3. If you have more than four priority unsecured claims fill out the | cluded in Part 1. | | | |
| | • | | Total claim | | | |
| 4.1 | CAPITAL ONE BANK USA N | Last A divite of account number | \$259.00 | | | |
| | Nonpriority Creditor's Name | - Last 4 digits of account number | Ψ200.00 | | | |
| | PO BOX 85520 Number Street | When was the debt incurred? 4/1/2016 | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | RICHMOND Virginia 23285 | Contingent | | | | |
| | City State Zip Code | - Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | | | | |
| | At least one of the debtors and another | that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | | | | |
| | Is the claim subject to offset? | debts ✓ Other. Specify CreditCard | | | | |
| | ✓ No | Other. opening <u>Oreanoard</u> | | | | |
| | Yes | | | | | |
| 4.2 | CAPITAL ONE BANK USA N | - Last 4 digits of account number | \$201.00 | | | |
| | Nonpriority Creditor's Name PO BOX 85520 | When was the debt incurred? 3/1/2016 | | | | |
| | Number Street | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | RICHMOND Virginia 23285 | Contingent | | | | |
| | City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | | | | |
| | Check if this claim relates to a community debt | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | | | | |
| | Is the claim subject to offset? | debts | | | | |
| | No | ✓ Other. Specify <u>CreditCard</u> | | | | |
| | Yes | | | | | |
| 4.3 | CBNA | Local A digital of account number | \$410.00 | | | |
| | Nonpriority Creditor's Name | - Last 4 digits of account number | | | | |
| | PO Box 6497 Number Street | When was the debt incurred? 6/1/2016 | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | Sioux Falls South Dakota 57117 | Contingent | | | | |
| | City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | | | | |
| | 님 | that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | ✓ Other. Specify <u>CreditCard</u> | | | | |
| | Yes | | | | | |
| | _ .~~ | | | | | |

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CCS/CORTRUST BANK 4.4 \$0.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO BOX 7030 When was the debt incurred? 10/1/2008 Number As of the date you file, the claim is: Check all that apply. Contingent MITCHELL South Dakota 57301 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify_ **✓** No Yes CDA/PONTIAC 4.5 \$475.00 Last 4 digits of account number Nonpriority Creditor's Name 415 E MAÍN When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent STREATOR 61364 Illinois Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? due Other. Specify **V** No Yes 4.6 CHASE CARD \$0.00 Last 4 digits of account number 5306 Nonpriority Creditor's Name PO BOX 15298 When was the debt incurred? 1/1/2011 Number As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19850 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify ____ **✓** No

Yes

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| Debto | | Riggins Case number (if known) | |
|--------|---|---|-------------|
| | | Last Name | |
| Part 2 | Your NONPRIORITY Unsecured Claims - Cont | inuation Page | |
| | After listing any entries on this page, number them beginni | ing with 4.5, followed by 4.6, and so forth. | Total claim |
| 4.7 | City of Chicago Parking | Last 4 digits of account number | \$1,850.00 |
| | Nonpriority Creditor's Name 121 N. LaSalle St # 107A | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Chicago Illinois 60602 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify parking tickets | |
| | | _ | |
| | Yes | | |
| 4.8 | COMENITY BANK/CARSONS Nonpriority Creditor's Name | Last 4 digits of account number | \$161.00 |
| | 1314 PINÉLOG ROAD | When was the debt incurred? 5/1/2016 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | All/EN O and O and a good | Contingent | |
| | AIKEN South Carolina 29803 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify <u>CreditCard</u> | |
| | ✓ No | | |
| | Yes | | |
| 4.9 | COMENITY BANK/LNBRYANT Nonpriority Creditor's Name | Last 4 digits of account number | \$87.00 |
| | 4590 E BŘOAD ST | When was the debt incurred? 5/1/2016 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | 0.1.1 | Contingent | |
| | ColumbusOhio43213CityStateZip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify <u>CreditCard</u> | |
| | ✓ No | <u> </u> | |
| | Yes | | |

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** COMENITY BANK/TORRID 4.10 \$133.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 182273 When was the debt incurred? 6/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent Ohio 43218 Columbus Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify_ **✓** No l Yes COMENITY BANK/VCTRSSEC 4.11 \$235.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 182273 When was the debt incurred? 6/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent Ohio 43218 Columbus Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard ✓ Other. Specify **✓** No Yes 4.12 **CORTRUST BK** \$0.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO BOX 7030 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent South Dakota 57301 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify _ CreditCard **✓** No

Yes

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CREDIT FIRST N A 4.13 \$475.00 Last 4 digits of account number Nonpriority Creditor's Name 6275 EASTLAND RD When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **BROOK PARK** Ohio 44142 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify CreditCard **✓** No Yes CREDIT ONE BANK NA 4.14 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 98875 8/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent LAS VEGAS 89193 Nevada Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? <u>CreditCard</u> ✓ Other. Specify **✓** No Yes 4.15 **CREDITONEBNK** \$443.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO BOX 98872 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent LAS VEGAS Nevada 89193 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify ___ CreditCard **✓** No

Yes

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 First Premier Bank \$402.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 5519 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Sioux Falls City South Dakota 57117 Unliquidated State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify due **✓** No Yes 4.17 IRS₁ \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 7346 Street As of the date you file, the claim is: Check all that apply. Contingent 19101 Philadelphia Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? non priority taxes Other. Specify _____ **✓** No Yes 4.18 JARED-GALLERIA OF JWLR \$204.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO Box 3680 When was the debt incurred? 6/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent Ohio 44309 Akron Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify ___ CreditCard **✓** No

l Yes

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 KOHLS/CAPONE \$32.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 3004 When was the debt incurred? 6/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent 53201 Milwaukee Wisconsin Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify CreditCard **✓** No Yes 4.20 Little Company of Mary \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name 5660 W 95th St When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 60453 Oak Lawn Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? medical Other. Specify **✓** No Yes 4.21 MABT - GENESIS RETAIL \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 912 WEST AVENUE When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **NORTH** South Carolina 29841 Unliquidated **AUGUSTA** State Zip Code City Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts ✓ Other. Specify _ CreditCard Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 MABT RETAIL \$0.00 Last 4 digits of account number ____ Nonpriority Creditor's Name PO BOX 4499 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent BEAVERTON 97076 Oregon Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify CreditCard **✓** No Yes 4.23 MABT/CONTFIN \$537.00 Last 4 digits of account number Nonpriority Creditor's Name 121 CONTINENTAL DR STE 1 When was the debt incurred? 5/1/2014 Number As of the date you file, the claim is: Check all that apply. Contingent 19713 **NEWARK** Delaware Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? CreditCard Other. Specify **✓** No Yes 4.24 MABT/CONTFIN \$0.00 Last 4 digits of account number 0152 Nonpriority Creditor's Name 121 CONTINENTAL DR STE 1 When was the debt incurred? 5/1/2014 As of the date you file, the claim is: Check all that apply. Contingent **NEWARK** Delaware 19713 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify _ CreditCard **✓** No

| Yes

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.25 \$0.00 Last 4 digits of account number _ Nonpriority Creditor's Name 9111 DUKÉ BLVD When was the debt incurred? 3/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent MASON Ohio 45040 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify _ CreditCard **✓** No Yes MID AM B&T C 4.26 \$1,652.00 Last 4 digits of account number 0170 Nonpriority Creditor's Name 5109 S BROADBAND L When was the debt incurred? 4/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57109 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify **✓** No ☐ Yes 4.27 Peoples Energy \$900.00 Last 4 digits of account number Nonpriority Creditor's Name 200 E. Randolph When was the debt incurred? As of the date you file, the claim is: Check all that apply. Attn: Customer Service Contingent Chicago Illinois 60601 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify due **✓** No

Yes

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| Debtor | | Riggins Case number (if known) Last Name | |
|---------|--|--|-------------|
| Part 2: | | | |
| Part 2 | After listing any entries on this page, number them beginn | | Total claim |
| 4.28 | Progressive Financial | Last 4 digits of account number | \$1,100.00 |
| | Nonpriority Creditor's Name 10412 S Cicero Ave | | |
| | Number Street | <u></u> | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Oak Lawn Illinois 60453 | | |
| | City State Zip Code Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify <u>due</u> | |
| | Yes | _ | |
| 4.29 | Quantum3 Group LLC | | £4 600 00 |
| 4.29 | Nonpriority Creditor's Name | Last 4 digits of account number | \$1,600.00 |
| | PO Box 788 Number Street | When was the debt incurred?n/a | |
| | Nambor Street | As of the date you file, the claim is: Check all that apply. | |
| | Kirkland Washington 98083 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a community debt | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | debts | |
| | ✓ No | Other. Specify due | |
| | Yes | | |
| 4.30 | SALUTE/ATLANTICUS | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name PO BOX 105555 | When was the debt incurred? 6/1/2008 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | ATLANTA Georgia 30348 | | |
| | City State Zip Code Who incurred the debt? Check one. | ── | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | · | |
| | Debtor 1 and Debtor 2 only | Student loans Obligations arising out of a congration agreement or diverse. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | debts ✓ Other. Specify CreditCard | |
| | ✓ No | Ordinary Ordinary | |
| | Yes | | |

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.31 SEARS/CBNA \$0.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO Box 6282 When was the debt incurred? 11/1/1994 Street Number As of the date you file, the claim is: Check all that apply. Contingent South Dakota 57117 Sioux Falls Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify CreditCard **✓** No Yes STATE COLLECTION SERVI 4.32 \$119.00 Last 4 digits of account number 8190 Nonpriority Creditor's Name 2509 S STOUGHTON RD When was the debt incurred? 6/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent MADISON Wisconsin 53716 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|~**| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? 001 Collection; Collecting for ORIGINAL CREDITOR: **|**| **✓** No Other. Specify MEDICAL PAYMENT DATA Yes 4.33 SYNCB/OLDNAVYDC \$739.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO BOX 965005 When was the debt incurred? 6/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent **ORLANDO** Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard ✓ Other. Specify **✓** No

Yes

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.34 SYNCB/TJX COS DC \$864.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965005 When was the debt incurred? 6/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent 32896 Orlando Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard ✓ Other. Specify _ **✓** No l Yes SYNCB/WALMART 4.35 \$347.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 981400 When was the debt incurred? 8/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent **EL PASO** Texas 79998 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard ✓ Other. Specify **✓** No Yes 4.36 SYNCB/WLMRTD \$0.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO Box 530927 When was the debt incurred? 11/1/2011 Number As of the date you file, the claim is: Check all that apply. Contingent **Atlanta** Georgia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard ✓ Other. Specify **✓** No

Yes

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Debtor 1 Diane Riggins Case number (if known) First Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** TD BANK USA/TARGETCRED 4.37 \$494.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 673 When was the debt incurred? 6/1/2016 Street Number As of the date you file, the claim is: Check all that apply. Contingent **MINNEAPOLIS** 55440 Minnesota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard ✓ Other. Specify _ **✓** No ___ Yes **VON MAUR** 4.38 \$197.00 Last 4 digits of account number Nonpriority Creditor's Name 6565 BRADY When was the debt incurred? 10/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent DAVENPORT 52806 Iowa Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? CreditCard ✓ Other. Specify **✓** No Yes 4.39 **VON MAUR** \$197.00 Last 4 digits of account number _ Nonpriority Creditor's Name **6565 BRADY** When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **DAVENPORT** Iowa 52806 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify _ **✓** No

Yes

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| Debtor | | | |
|---------|---|---|-------------|
| | First Name Middle Name Last I | Name | |
| Part 2: | Your NONPRIORITY Unsecured Claims - Continu | ation Page | |
| | After listing any entries on this page, number them beginning | | Total claim |
| 4.40 | WEBBANK/FINGERHUT Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | 6250 RIDGEWOOD RD Number Street | When was the debt incurred? 9/1/2010 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | SAINT CLOUD Minnesota 56303 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify CreditCard | |
| | ✓ No | | |
| | Yes | | |
| 4.41 | WEBBNK/FHUT Nonpriority Creditor's Name | Last 4 digits of account number0463 | \$0.00 |
| | 6250 RIDGEWOOD ROA | When was the debt incurred? 9/1/2010 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | SAINT CLOUD Minnesota 56303 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | debts ✓ Other. Specify <u>CreditCard</u> | |
| | ✓ No | | |
| | Yes | | |

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Diane Riggins Debtor 1 Case number (if known) First Name Middle Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$18,340.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$18,340.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans 6f. from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$15,613.00 6i. Other. Add all other nonpriority unsecured claims. Write

\$15,613.00

6j.

that amount here.

6j. Total. Add lines 6f through 6i.

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| Fill in this info | rmation to identify your cas | e: | | | | |
|---------------------------|---------------------------------|-------------------------------|---------------------------|---|------------------|----------------|
| Debtor 1 | Diane | | Riggins | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if fili | ^{ng)} First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | | |
| | | | (State) | | | |
| Case number (If known) | | | | | | |
| | Form 106G Ile G: Execut | | s and Unex | pired Leases | | amended filing |
| space is need | | | | oth are equally responsibl t to this page. On the top | | |
| 1. Do you | have any executory | contracts or unexpi | red leases? | | | |
| ✓ No. C | heck this box and file this fo | rm with the court with your o | other schedules. You ha | ve nothing else to report on t | his form. | |
| Yes. F | ill in all of the information b | elow even if the contracts of | r leases are listed on So | chedule A/B: Property (Officia | al Form 106A/B). | |
| | | | | se. Then state what each common more examples of executor | | |

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this info | ormation to identify your cas | se: | | |
|-----------------------------|---|--|--|--|
| Debtor 1 | Diane | | Riggins | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if fi | ling) First Name | Middle Name | Last Name | |
| United State | s Bankruptcy Court for the: | Northern | District of Illinois | |
| | | | (State) | |
| Case numbe (If known) | <u> </u> | | | |
| | | | | Check if this is ar |
| | | | | amended filing |
| Official | Form 106H | | | |
| | _ | | | |
| Schea | ule H: Your C | odeptors | | 12/15 |
| Yes 2. Within to Idaho, Lo | the last 8 years, have you ouisiana, Nevada, New Mex o. Go to line 3. s. Did your spouse, former s | lived in a community properties, Puerto Rico, Texas, Was | shington, and Wisconsin.) re with you at the time? | debtor.) mmunity property states and territories include Arizona, California, the name and current address of that person. |
| | Name of your spouse, | former spouse, or legal equiv | alent | _ |
| | Number Street | | | _ |
| | City | State | Zip Code | _ |
| again as | s a codebtor only if that p | erson is a guarantor or co | signer. Make sure you hav | our spouse is filing with you. List the person shown in line 2 re listed the creditor on <i>Schedule D</i> (Official Form 106D), rele D, Schedule E/F, or Schedule G to fill out Column 2. |
| Column | 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |

Official Form 106H Schedule H: Your Codebtors page 1

Check all schedules that apply:

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| Il in this information to identify your case: Bebtor 1 Diane First Name Middle Name Bebtor 2 Pouse, if filing) First Name Middle Name Inited States Bankruptcy Court for the: Northern Base number | Riggins Last Name | | |
|--|---------------------------------|-------------------|--|
| First Name Middle Name abtor 2 pouse, if filing) First Name Middle Name nited States Bankruptcy Court for the: Northern | | | |
| rouse, if filing) First Name Middle Name ited States Bankruptcy Court for the: Northern | 20011101110 | | |
| ited States Bankruptcy Court for the: Northern | | • | Check if this is: |
| · · | Last Name | _ | An amended filing |
| se number | District of Illinois (State) | | A supplement showing post-petition chapte expenses as of the following date: |
| nown) | (Giaic) | _ | MM / DD / YYYY |
| fficial Form 106l | | | |
| chedule I: Your Income | | | 1: |
| lude information about your spouse. If more spoisted in the spous in the spous and case numbers art 1: Describe Employment | | | |
| Fill in your employment | Debtor 1 | | Debtor 2 |
| information. Employment status If you have more than one job, | Employed Not Employed | | Employed Not Employed |
| attach a separate page with information about additional Occupation | home care worker | | |
| employers. Employer's name | State of Illinois - Leslie C | Geissler Munger | |
| Include part time, seasonal, or Employer's address self-employed work. | 325 W Adams St Number Street | | Number Street |
| | | | |
| Occupation may include | · | • | |
| Occupation may include student or homemaker, if it applies. | Springfield Illinois | 62704 | |
| student | Springfield Illinois City State | 62704 Zip Code | City State Zip Code |

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

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| Debtor 1 Diane | Riggins | Case number (if know | n) | |
|--|------------------------|---------------------------------|----------------------------------|-------------------------|
| First Name Middle Name | Last Name | | r Debtor 2 or n-filing spouse | |
| Copy line 4 here → | 4. | \$3,850.00 | | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | |
| 5c. Voluntary contributions for retirement plans | 5c. | | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | | |
| 5e. Insurance | 5e. | *** | | |
| 5f. Domestic support obligations | 5f. | #0.00 | | |
| 5g. Union dues | 5g. | #0.00 | | |
| 5h. Other deductions. Specify: | | \$0.00 + | | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5 +5h. | | \$0.00 | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line | 4. 7. <u> </u> | \$3,850.00 | | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gro- receipts, ordinary and necessary business expenses, and the to monthly net income. | | \$0.00 | | |
| 8b. Interest and dividends | 8b | \$0.00 | | |
| 8c. Family support payments that you, a non-filing spouse, o dependent regularly receive | r a | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | \$0.00 | | |
| 8d. Unemployment compensation | 8d | \$0.00 | | |
| 8e. Social Security | 8e | \$0.00 | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | r | \$0.00 | | |
| 8g. Pension or retirement income | 8g | \$0.00 | | |
| 8h. Other monthly income. Specify: | 8h. + | \$0.00 + | | |
| 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + | | \$0.00 | | |
| 3. Add all other income Add lines oa + ob + oc + od + oe + ol +og + | 9 | ψ0.00 | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing sp | oouse 10. | \$3,850.00 + | = | \$3,850.00 |
| 11. State all other regular contributions to the expenses that yo Include contributions from an unmarried partner, members of your relatives. Do not include any amounts already included in lines 2-10 or amounts. | nousehold, your deper | ndents, your roommates, and | | |
| Specify: | no tratare not availab | ore to pay expenses listed in e | 11. + | \$0.00 |
| | | | | Ψ0.00 |
| 12. Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical Suit | | | | \$3,850.00 |
| | | | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after y | ou file this form? | | | |
| No. | | | | |
| Yes. Explain: | | | | |
| | | | | l l |

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| Fill in this inforn | nation to identify your ca | se: | | | |
|---------------------|---|--|--|--------------------|--------------------------------|
| Debtor 1 | | | Pigging | | |
| Debior 1 | Diane First Name | Middle Name | Riggins Last Name | | |
| Debtor 2 | | | | Check if this is: | |
| (Spouse, if filing |) First Name | Middle Name | Last Name | An amended filin | g |
| United States B | ankruptcy Court for the: | Northern | District of Illinois | A supplement sh | owing post-petition chapter 13 |
| Case number | | | (State) | expenses as of the | ne following date: |
| (If known) | | | | MM / DD / YYY | |
| O((; -; -) | 400 l | | | IVIIVI / DD / TTT | I |
| Official i | Form 106J | | | | |
| Schedul | e J: Your Ex | xpenses | | | 12/1 |
| information. If r | | | e filing together, both are equally re form. On the top of any additional p | | |
| Part 1: Desc | cribe Your Househ | old | | | |
| 1. Is this a join | it case? | | | | |
| ✓ No. Go | to line 2 | | | | |
| Yes. Do | es Debtor 2 live in a s | eparate household? | | | |
| г | No | | | | |
| - | _ | e Official Forms 106 l-2 Expen | ses for Separate Household of Debtor | 2 | |
| 2. Do you have | | lo | social coparate risaconola di Bostori | | |
| dependents? | ш. | 10 | | | |
| Do not list De | | es. Fill out this information for | Dependent's relationship to | Dependent's | Does dependent live |
| Debtor 2. | е | ach dependent | Debtor 1 or Debtor 2 | age | with you? |
| | | | Relative | 5 years | Yes. |
| | | | Relative | 8 years | No. |
| | | | | | Yes. |
| | enses include | la . | | | |
| expenses of than | f people other | | | | |
| yourself and | your 🗀 | es | | | |
| dependents | 6? | | | | |
| Part 2: Estir | mate Your Ongoing | Monthly Expenses | | | |
| | of a date after the bank | | you are using this form as a supple plemental Schedule J, check the b | | |
| | • | cash government assistance it on Schedule I: Your Income | • | | Your expenses |
| | or home ownership ex r the ground or lot. 4. | penses for your residence. In | clude first mortgage payments and | | \$800.00 |
| If not inclu | uded in line 4: | | | | |
| 4a. Real es | state taxes | | | | 4a \$0.00 |
| 4b. Propert | ty, homeowner's, or rente | er's insurance | | | 4b. \$0.00 |
| 4c. Home r | naintenance, repair, and | upkeep expenses | | | 4c. \$0.00 |
| 4d. Homeo | wner's association or co | ndominium dues | | | 4d. \$0.00 |

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Debtor 1

Diane

Riggins Case number (if known) First Name Middle Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$300.00 6a. 6b. Water, sewer, garbage collection \$60.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$175.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$700.00 7. 8. Childcare and children's education costs \$77.00 8. 9. Clothing, laundry, and dry cleaning 9. \$150.00 10. Personal care products and services 10. \$125.00 11. Medical and dental expenses \$100.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$325.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$120.00 15d. Other insurance. Specify: ___ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$468.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1 | Diane | | Riggins | Case number (if known) | | |
|-------------------|----------------------|--|---------------------------------|------------------------|-----|-------------------------|
| | First Name | Middle Name | Last Name | | | |
| 21.Other | . Specify: | | | | 21 | \$0.00 |
| | | | | | | |
| 22. Calcu | ılate your monthl | y expenses. | | | | \$3,400.00 |
| 22a. <i>F</i> | ndd lines 4 through | n 21. | | | | \$0.00 |
| 22b. C | Copy line 22 (montl | hly expenses for Debtor 2), if any, fro | m Official Form 106J-2 | | | \$3,400.00 |
| 22c. A | dd line 22a and 22 | 2b. The result is your monthly expens | ses. | | 22. | |
| 23.Calcu | late your monthly | y net income. | | | L | |
| 23a. C | Copy line 12 (your o | combined monthly income) from Sch | edule I. | | 23a | \$3,850.00 |
| 23b. C | copy your monthly | expenses from line 22 above. | | | 23b | \$3,400.00 |
| 23c. S | Subtract your month | nly expenses from your monthly incor | ne. | | ſ | \$450.00 |
| | • | nonthly net income. | | | 23c | \$450.00 |
| | | | | | L | |
| 24. Do y o | ou expect an incr | ease or decrease in your expense | es within the year after you | u file this form? | | |
| For e | example, do you ex | spect to finish paying for your car loar | n within the year or do you ex | pect your | | |
| mort | gage payment to ir | ncrease or decrease because of a m | nodification to the terms of yo | our mortgage? | | |
| r | No | | | | | |
| | ⁄es | | | | | |
| | | | | | | |
| | Explain h | | | | | |
| | Debtor o | does not have written lease. Pays re | nt and utilities. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1 | Diane | | Riggins | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name | | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | | | |
| Case number (If known) | | | (State) | | | | |

Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing |

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t1: Sign Below | | | | | | | |
|-----|---|---|--|--|--|--|--|--|
| | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | |
| | ☑ No | | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary at that they are true and correct. | nd schedules filed with this declaration and | | | | | | |
| | • | | | | | | | |
| X | /s/ Diane Riggins | × | | | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | | | |
| | Date 9/30/2016 | Date | | | | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | | | | |

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| Fill | in this i | inform | ation to identify your cas | se: | | | | | |
|------|-------------------------|-----------|----------------------------|-----------------------|---|------------------|-------------------|--------------------|--------------------------------------|
| | | | | | | | | | |
| Del | otor 1 | | Diane First Name | Middle | Riggins Name Last Nar | | - | | |
| Del | otor 2 | | riistivaille | Middle | name Lastinai | iie | | | |
| | | f filing) | First Name | Middle | Name Last Nar | ne | - | | |
| Uni | ted Sta | ites Ba | ankruptcy Court for the: | Northern | District of Illing | | - | | |
| | se num nown) | ber | | | (0.0 | | - | | |
| Of | ficia | al F | orm 107 | | | | ' | | Check if this is a amended filing |
| St | ater | me | nt of Financ | ial Affair | s for Individu | als Filin | g for Ba | ankruptcy | 12/1 |
| | | | | | ed people are filing togeth On the top of any addition | | | | correct information. If more |
| • | stion. | Joucu | , attaon a sopurate six | | on the top of any addition | ai pages, wite | your name and | a case maniser (ii | Milowity. Allower every |
| Par | t 1: (| 2ivo | Details About You | r Marital Stati | us and Where You Li | ved Before | | | |
| rai | | JIVE | Details About 10u | i Maritai Stati | as and where fou Li | veu belole | | | |
| 1. | Wh | at is y | our current marital st | atus? | | | | | |
| | П | Marr | ied | | | | | | |
| | $\overline{\mathbf{Z}}$ | Not r | married | | | | | | |
| 2. | Dur | ina th | no last 3 years have ve | u lived anywhere | e other than where you liv | e now? | | | |
| | | g u | ic last o years, have ye | a lived dily where | outer than where you iiv | | | | |
| | 뇓 | No | | | 5 | | | | |
| | Ш | Yes. | List all of the places you | lived in the last 3 y | ears. Do not include where | you live now. | | | |
| | | | | | | | | | |
| | | Debi | or 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | | | | | <u></u> |
| | | | | | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | | | | | F | | | | F |
| | | Num | ber Street | | From | Number Str | eet | | From |
| | | | | | To | | | | То |
| | | | | | | | | | |
| | | City | State | Zip Code | | City | State | Zip Code | _ |
| | | | | | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | | Nium | har Straat | | From | Number Str | oot | | From |
| | | Num | ber Street | | | Number Str | eel | | |
| | | | | | | | | | |
| | | City | State | Zip Code | | City | State | Zip Code | |
| | | , | | — ₁ | | y | | | |
| 3. | | | | - | | - | | | nmunity property states and |
| | territo | ries in | iciude Arizona, California | a, Idano, Louisiana | a, Nevada, New Mexico, Pu | eno kico, Texas, | , vvasnington, ai | iu vvisconsin.) | |
| | ✓ N | | | | | | | | |
| | | es. Ma | ake sure you fill out Sche | edule H: Your Code | ebtors (Official Form 106H) | | | | |

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| Debtor | Tiane First Name | Middle | Name Rigg | | number (if known) | |
|----------|---|----------------------------|--|---|--|--|
| art 2: | Explain the Sources | of Your I | ncome | | | |
| . D | id you have any income from Il in the total amount of income y tivities. If you are filing a joint ca No Y Yes. Fill in the details. | employm you receive | ent or from operating a bed from all jobs and all busing | nesses, including part-time | | years? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current ye the date you filed for bankru | | ✓ Wages, commissions, bonuses, tips ☐ Operating a business | \$34605.00 | ☐ Wages, commissions, bonuses, tips ☐ Operating a business | |
| | For last calendar year: (January 1 to December 31,) | 2015 YYY | Wages, commissions, bonuses, tips Operating a business | \$48000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | For the calendar year before (January 1 to December 31,) | that: 2014 YYY | Wages, commissions, bonuses, tips Operating a business | \$55000.00 | Wages, commissions, bonuses, tips Operating a business | |
| be ca | clude income regardless of whet nefit payments; pensions; rental se and you have income that you at each source and the gross income. No Yes. Fill in the details. | income; in u received t | terest; dividends; money co together, list it only once und | ollected from lawsuits; royalties der Debtor 1. | s; and gambling and lottery wi | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current yethe date you filed for bankru | | | | | |
| | For last calendar year: (January 1 to December 31, | 2015) YYYY | | | | |
| | For the calendar year before (January 1 to December 31, | e that: 2014) YYYY | | | | |
| | | | | <u> </u> | | |

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| First Name | <u> </u> | Middle Name | Last Name | | IIIDei (II Kriowri) | |
|--------------|-------------------|------------------------|--|---|----------------------------------|-----------------------------|
| | | nte Vou Mada | Before You Filed fo | r Bankruntev | | |
| List Ce | rtaili Payillei | its fou Made | beiore fou Fileu fo | ГБанкгирісу | | |
| e either Del | otor 1's or Debt | or 2's debts prima | arily consumer debts? | | | |
| No. Neith | ner Debtor 1 no | r Debtor 2 has pri | imarily consumer debts | . Consumer debts are define | ed in 11 U.S.C. § 101(8) as "ind | curred by an individual |
| _ | | al, family, or housel | - | | 5 () | · |
| Durin | ng the 90 days be | efore you filed for ba | nkruptcy, did you pay any | creditor a total of \$6,425* or | more? | |
| П г | No. Go to line 7. | | | | | |
| | Yes. List below 6 | each creditor to who | om you paid a total of \$6,42 | 25* or more in one or more p | ayments and the | |
| | total amour | nt you paid that cre | ditor. Do not include paym | ents for domestic support ob s to an attorney for this bankr | ligations, such as | |
| * Cb | | • | | · | | |
| _ | | | • | cases filed on or after the date | e or adjustment. | |
| - | | _ | imarily consumer debts | | | |
| Durin | ng the 90 days be | efore you filed for ba | inkruptcy, did you pay any | creditor a total of \$600 or mo | re? | |
| ✓ 1 | No. Go to line 7. | | | | | |
| | | | | or more and the total amour | | |
| | | | ayments for domestic sup ayments to an attorney for | port obligations, such as chil | d support and | |
| | allinony. Alc | so, do not moidae p | ayments to an attendey for | tills barikruptcy case. | | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| On a Pitanta | Mana | | | | | Mortgage |
| Creditor's | siname | | | | | Car |
| Number S | Street | | | | | Credit card |
| | | | | | | Loan repayment |
| City | State | Zip Code | | | | Suppliers or vendors |
| | | | | | | Other |
| Creditor's | Name | | - | - | | Mortgage |
| Number S | Stroot | | | | | Car |
| Number 3 | oireei | | | | | Credit card Loan repayment |
| | | | | | | Suppliers or |
| City | State | Zip Code | | | | vendors |
| | | | | | | Other |
| Creditor's | Name | | | | | Mortgage |
| Number S | Street | | | | | Car Credit card |
| | | | | | | Loan repayment |
| | | | | | | Suppliers or |
| City | State | Zip Code | | | | vendors |
| | | | | | | Other |

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| Debte | or 1 | Diane First Name | | Middle Name | | ggins t Name | Case number (i | f known) |
|-------------|-----------------------|--|--|--|--|--|---|---|
| (| Insic corp ager | nin 1 year before lers include your re orations of which y | elatives; any ou are an c r a busines: | or bankruptcy, di y general partners; officer, director, per s you operate as a | d you make a pa relatives of any orson in control, or | nyment on a debt yo general partners; par owner of 20% or mo | tnerships of which yere of their voting sec | no was an insider? ou are a general partner; curities; and any managing mestic support obligations, |
| | ✓ | No Yes. List all payme Insider's Name Number Street | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | | City Insider's Name Number Street | State | Zip Code | | | | |
| i | With nsic | City in 1 year before | | | | payments or trans | fer any property o | n account of a debt that benefited an |
| ']] | ✓ | de payments on de No Yes. List all payme | | teed or cosigned b nefited an insider. | y an insider. | | | |
| | | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | | Insider's Name | | | | | | |
| | | Number Street | | | | | | |
| | - | City | State | Zip Code | | | | |
| | | Insider's Name Number Street | | | | | | |
| | | City | State | Zip Code | | | | |

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| otor | 1 Diane | | Riggins | (| Case number (if | known) | |
|------|---|------------|--|------------------|-----------------|-----------|-----------------------|
| | | e Name | Last Name | | | | |
| 4: | Identify Legal Actions, Repo | ssessions, | and Foreclosure | es | | | |
| ist | thin 1 year before you filed for bankru t all such matters, including personal injur ntract disputes. | | | | | | |
| / | No Yes. Fill in the details. | | | | | | |
| | • | Nature | of the case | Court or | agency | | Status of the case |
| | Case title | | | | | | Pending |
| | | _ | | Court Nar | ne | On appeal | |
| | Case number | _ | | NumberSt | reet | | Concluded |
| | | | | City | State | Zip Code | |
| | Case title | | | | | | Pending |
| | Coop number | - | | Court Nar | ne | | On appeal |
| | Case number | - | | NumberSt | reet | | Concluded |
| | | | | City | State | Zip Code | |
| L | Yes. Fill in the information below. | | Describe the prop | erty | | Date | Value of the |
| | | | | | | | property |
| | Creditor's Name | | Fundain what have | | | | |
| | Number Street | | Explain what happ | benea | | | |
| | | | Property was re | epossessed. | | | |
| | | | Property was fo | | | | |
| | City State Zi | p Code | Property was garnished. Property was attached, seized, or levied. | | | | |
| | | • | Describe the prop | | | Date | Value of the property |
| | | | | | | | |
| | Creditor's Name | | Familia and at the | | | | |
| | Number Street | | Explain what happ | pened | | | |
| | HAITIDOI OTIOOT | | Property was re | epossessed. | | | |
| | | | Property was fo | oreclosed. | | | |
| | 011 | . 0 . 1 . | Property was g | | | | |
| | City State Zi | p Code | Property was a | ttached, seized, | or levied. | | |

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| Deb | tor 1 | Diane First Name Middle Name | Riggins Last Name | Case number (if known) | | |
|------|----------|--|-----------------------------|---------------------------------|--------------------------|--------------------|
| 11. | | hin 90 days before you filed for bankruptcy, did a ounts or refuse to make a payment because you | | ank or financial institution, s | et off any amoun | ts from your |
| | ✓ | No Yes. Fill in the details. | | | | |
| | | | Describe the action the | e creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | | |
| | | Number Street | Last 4 digits of account no | umber: XXXX- | | |
| | | City State Zip Code | | | | |
| 12. | | nin 1 year before you filed for bankruptcy, was an ointed receiver, a custodian, or another official? | y of your property in the p | possession of an assignee for | or the benefit of c | reditors, a court- |
| | ✓ | No Yes | | | | |
| Part | 5: | List Certain Gifts and Contributions | | | | |
| 13. | Wi | thin 2 years before you filed for bankruptcy, did y | ou give any gifts with a to | otal value of more than \$600 | per person? | |
| | ✓ | No Yes. Fill in the details for each gift. | | | | |
| | | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | Value |
| | | Person to Whom You Gave the Gift | | | | |
| | | Number Street | | | | |
| | | City State Zip Code Person's relationship to you | | | | |
| | | Person to Whom You Gave the Gift | | | | |
| | | Number Street | | | | |
| | | City State Zip Code Person's relationship to you | | | | |

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| Debte | or 1 | Diane First Name | Middle Name | Riggins Last Name | Case number (if know | n) | |
|-------|----------|---|----------------------------|---|------------------------------|-----------------------------------|------------------------|
| | | i list Name | iviluale Harrie | Lastivanie | | | |
| 14. | Wit | nin 2 years before you file | ed for bankruptcy, did | you give any gifts or contribu | utions with a total value of | of more than \$600 | to any charity? |
| | ✓ | No | | | | | |
| | | Yes. Fill in the details for e | each gift or contribution. | | | | |
| | | Gifts or contributions to that total more than \$60 | | Describe what you contri | ibuted | Date you contributed | Value |
| | | | | | | | |
| | | Charity's Name | | - | | | |
| | | | | - | | | |
| | | Niverban Charat | | - | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | - | | | |
| Part | 6: | List Certain Losses | | | | | |
| | | bling? No Yes. Fill in the details. Describe the property y how the loss occurred | ou lost and | Describe any insurance of Include the amount that insupending insurance claims of | urance has paid. List | Date of your loss | Value of property lost |
| | | | | A/B: Property. | | | |
| | | | | | | | |
| | | at seeking bankruptcy or de any attorneys, bankrupt No Yes. Fill in the details. | | cy petition? credit counseling agencies for so | ervices required in your bar | nkruptcy. | |
| | _ | | | Description and value of transferred | any property | Date payment or transfer was made | Amount of payment |
| | | Semrad Law Firm | | Attorney's Fee - 500.00 | | 9/26/2016 | \$500.00 |
| | | Person Who Was Paid | | | | | |
| | | 20 South Clark Street 28th Number Street | n Floor | | | | |
| | | Number Street | | | | | |
| | | | 0000 | | | | |
| | | Chicago Illinois City State | s 60606 Zip Code | | | | |
| | | | 2.p 00d0 | | | | |
| | | Email or website address | | | | | |
| | | Person Who Made the Pa | yment, if Not You | | | | |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Email or website address | · | | | | |
| | | Person Who Made the Pa | | | | | |

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| Deb | tor 1 | Diane | | Riggins | Case number (if known) |) | |
|-----|----------|--|--------------------------|---|----------------------------|--|---------------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 17. | help | o you deal with your credito not include any payment or tra No | rs or to make payments | | ur behalf pay or transfer | any property to any | one who promised to |
| | ш | Yes. Fill in the details. | | | | | |
| | | | | Description and value of a transferred | ny property | | Amount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Oily State | Zip Code | | | | |
| | Inclu | ordinary course of your bu ude both outright transfers and sfers that you have already list No Yes. Fill in the details. | d transfers made as secu | rity (such as the granting of a | | | Do not include gifts and |
| | | | | Description and value of a property transferred | | y property or eceived or debts pai e | Date id transfer was made |
| | | Person Who Received Tran | sfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | Person Who Received Tran | sfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| 19. | | hin 10 years before you file ese are often called asset-pro | | ou transfer any property to a | self-settled trust or simi | lar device of which y | ou are a beneficiary? |
| | V | No Yes. Fill in the details. | | | | | |
| | Ц | res. Fill III trie details. | | Description and value of | the property transferred | d | Date transfer was made |
| | | Name of trust | | | | | |

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| Debt | or 1 | Diane First Name Middle Name | Riggins Last Name | Case number (if known) | |
|------|-------------|---|--------------------------------------|---|-------------------------|
| Part | χ. | List Certain Financial Accounts, Inst | | ves and Storage Units | |
| 20. | With mov | nin 1 year before you filed for bankruptcy, wered, or transferred? Ide checking, savings, money market, or other final operatives, associations, and other financial institution | e any financial accounts or instru | uments held in your name, or for your bene | |
| | ✓ | No Yes. Fill in the details. | | | |
| | | | Last 4 digits of account number | Type of account or instrument account wo closed, so moved, or transferred | ld, closing or transfer |
| | | Person Who Was Paid | XXXX- | Checking Savings | |
| | | Number Street | | Money market Brokerage Other | |
| | | City State Zip Code | | | |
| | | Person Who Was Paid | XXXX- | Checking Savings | |
| | | Number Street | | Money market Brokerage | |
| | | | | Other | |
| | | City State Zip Code | | | |
| | | you now have, or did you have within 1 year beer valuables? No Yes. Fill in the details. | efore you filed for bankruptcy, an | y safe deposit box or other depository for s | ecurities, cash, or |
| | | | Who else had access to it? | Describe the contents | Do you still have it? |
| | | Name of Financial Institution | Name | | ☐ No ☐ Yes |
| | | Number Street | Number Street | | _ |
| | | | City State Zip | Code | |
| 00 | | City State Zip Code | a ath and have your beauty with in 4 | | |
| 22. | _ | e you stored property in a storage unit or plac | e otner than your nome within 1 | year before you filed for bankruptcy? | |
| | Ħ | Yes. Fill in the details. | | | |
| | | | Who else had access to it? | Describe the contents | Do you still have it? |
| | | Name of Storage Facility | Name | | ☐ No ☐ Yes |
| | | Number Street | Number Street | | |
| | | 01 | City State Zip | Code | |
| | | City State Zip Code | | | |

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| btor 1 | | | | | | |
|-------------------|--|--|--|---------------------|---|----------------|
| | First Name Middle Name | | Last Name | | | |
| t 9: | Identify Property You Hold or Cont | rol for Son | neone Else | | | |
| Do | you hold or control any property that some | one else owns | s? Include any | property you b | porrowed from, are storing for, or hold i | n trust for |
| | meone. | | • | | | |
| ✓ | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Where is | the property? | | Describe the contents | Value |
| | | | | | | |
| | Owner's Name | Number Sti | reet | | | |
| | Number Street | | | | | |
| | | | | | | |
| | | City | State | Zip Code | | |
| | City State Zip Code | | | | | |
| | • | | | | | |
| rt 10: | Give Details About Environmental | iniormatio | n | | | |
| r the | purpose of Part 10, the following definitions apply | y: | | | | |
| - / | Environmental law means any federal, state, or lo | ocal statute or r | egulation conc | erning pollution, o | contamination, releases of | |
| | nazardous or toxic substances, wastes, or materi | | | | | |
| | ncluding statutes or regulations controlling the c | · | | | | |
| | Site means any location, facility, or property as de or used to own, operate, or utilize it, including dis | | environmental | law, whether you | now own, operate, or utilize it | |
| , | or used to own, operate, or utilize it, including dis | sposai sites. | | | | |
| | | | | | | |
| • | Hazardous material means anything an environm | | | ous waste, hazard | lous substance, | |
| = , | oxic substance, hazardous material, pollutant, co | ontaminant, or s | similar term. | | lous substance, | |
| = , | | ontaminant, or s | similar term. | | lous substance, | |
| ∎ t eport a | oxic substance, hazardous material, pollutant, co | ontaminant, or s | similar term. ardless of when | they occurred. | | |
| teport a | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you known sany governmental unit notified you that you | ontaminant, or s | similar term. ardless of when | they occurred. | | |
| ∎ t eport a | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn s any governmental unit notified you that you No | ontaminant, or s | similar term. ardless of when | they occurred. | | |
| teport a | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you known sany governmental unit notified you that you | ontaminant, or s now about, rega ou may be liab | similar term. ardless of when ardle or potentia | they occurred. | or in violation of an environmental law? | |
| ∎ t eport a | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn s any governmental unit notified you that you No | ontaminant, or s | similar term. ardless of when ardle or potentia | they occurred. | | Date of notice |
| teport a | oxic substance, hazardous material, pollutant, or all notices, releases, and proceedings that you known and governmental unit notified you that you like the last section of the last section with the last section of the last se | ontaminant, or s now about, rega ou may be liab | similar term. ardless of when ardle or potentia | they occurred. | or in violation of an environmental law? | Date of |
| teport a | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you kn s any governmental unit notified you that you No | ontaminant, or s now about, rega ou may be liab | similar term. ardless of when ardless of when ardle or potentia ental unit | they occurred. | or in violation of an environmental law? | Date of |
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| Deb | tor 1 | Diane | | | Riggins | Case | e number (if known) | |
|------|----------|--------------------------|-----------------|------------------------|-------------------------------|-----------------------|---------------------------------------|----------------|
| | | First Name | | Middle Name | Last Name | | | |
| 26. | Hav | e you been a party | in any judio | ial or administra | tive proceeding under | any environment | al law? Include settlements and order | rs. |
| | _ | | , | | 3 | , | | |
| | ¥ | No Silling to the second | ., | | | | | |
| | Ш | Yes. Fill in the deta | ıls. | | _ | | | |
| | | | | • | Court or agency | | Nature of the case | Status of the |
| | | Case title | | | | | | case |
| | | Case title | | | | | | Pending |
| | | | | | Court Name | | | |
| | | Construction | | - | Number Street | | | On appeal |
| | | Case number | | ' | Namber Officet | | | Concluded |
| | | | | - | City State | Zip Code | | |
| | | | | | ony ciato | 2.p 0000 | | 1 |
| Part | 11: | Give Details A | bout Your | Business or | Connections to Ar | ny Business | | |
| | | | | | | | | _ |
| 27. | Wit | nin 4 years before | you filed for | bankruptcy, did | you own a business or | have any of the f | ollowing connections to any business | s? |
| | | A sole propriet | or or self-emp | oloyed in a trade, p | orofession, or other activit | y, either full-time o | r part-time | |
| | | | | | or limited liability partners | | | |
| | | A partner in a | | ., copa, (==o) | or miniou nability parallel | op (==.) | | |
| | | | | ging executive of a | corporation | | | |
| | | | | | securities of a corporation | un. | | |
| | | All owner or at | least 5% of the | ne voting or equity | securiles of a corporation |) I | | |
| | ✓ | No. None of the abo | ove applies. G | o to Part 12. | | | | |
| | | Yes. Check all that a | apply above a | nd fill in the details | below for each business | i. | | |
| | | | | | Describe the natu | re of the busines | ss Employer Identification r | number Do not |
| | | | | | | | include Social Security n | umber or ITIN. |
| | | - | | | _ | | EIN: | |
| | | Business Name | | | | | | |
| | | | | | _ | | Dates business existed | |
| | | Number Street | | | Name of account | ant or bookkeepe | | |
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| | | City | State | Zip Code | | | | |
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| | | | | | Describe the natu | re of the busines | | |
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| | | Business Name | | | _ | | EIN: | |
| | | Dusiness Name | | | | | | |
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| | | City | State | Zip Code | _ | | From To | |
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| | | | | | | | include Social Security n | umper or IIIN. |
| | | Business Name | | | _ | | EIN: | |
| | | Dusiness Name | | | | | | |
| | | Number Street | | | _ | | Dates business existed | |
| | | indilinei Stieet | | | Name of account | ant or bookkeepe | | |
| | | Cit. | Otate | 7:n 0 - 1- | _ | | From To | |
| | | City | State | Zip Code | | | | |
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| Deb | tor 1 | Diane | Middle Nove | Riggins | Case number (if known) | | |
|------|--|-------------------------------|-----------------------------|------------------------------|---|--|--|
| | | First Name | Middle Name | Last Name | | | |
| 28. | 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | |
| | V | No | | | | | |
| | Ш | Yes. Fill in the details belo | w. | Date issued | | | |
| | | | | Date issued | | | |
| | | Name | | MM/DD/YYYY | | | |
| | | Number Street | | | | | |
| | | - | | | | | |
| | | City Sta | te Zip Code | | | | |
| Part | 12: | Sign Below | | | | | |
| 1 | true a | and correct. I understand | d that making a false state | ment, concealing propert | nts, and I declare under penalty of perjury that the answers are y, or obtaining money or property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | |
| | | /s/ Diane | Riggins | | × | | |
| | | Signature of I | | | Signature of Debtor 2 | | |
| | | Date 9/30/20 | 016 | | Date | | |
| ļ | Did y | ou attach additional pag | es to Your Statement of F | inancial Affairs for Individ | duals Filing for Bankruptcy (Official Form 107)? | | |
| | V | No | | | | | |
| İ | Y | ⁄es | | | | | |
| I | Did y | ou pay or agree to pay s | omeone who is not an atto | orney to help you fill out b | ankruptcy forms? | | |
| | ✓ N | No | | | | | |
| İ | ۱ | es. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total foo |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

dvise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.



D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76

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- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$61.76 for expenses, leaving a balance due of \$3,871.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 9/26/2016

Signed:

/≰/ Diane Riggins

Debtor(s)

/s/ Mark Bernachea

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

DR

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B 203 (12/94)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| n re | Diane Riggins | Northern Distric | Case No. | |
|------|---|------------------------------|---|---------------------------------|
| - | Debtor | | | (If known) |
| | | | Chapter | Chapter 13 |
| | DISCLOSURE OF | COMPENSATION | OF ATTORNEY FO | OR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and that compensation paid to me within services rendered or to be rendered is as follows: | n one year before the filing | of the petition in bankruptcy, or | agreed to be paid to me, for |
| | For legal services, I have agreed to | accept | | \$4,000.0 |
| | Prior to the filing of this statement I | have received | | \$500.0 |
| | Balance Due | | | \$3,500.0 |
| 2. | The source of the compensation pai | id to me was: | | |
| | Debtor | Other (specify |) | |
| 3. | The source of the compensation pa | id to me is: | | |
| | ✓ Debtor | Other (specify |) | |
| 4. | I have not agreed to share the amembers and associates of my | | tion with any other person unles | ss they are |
| | | aw firm. A copy of the agre | with a other person or persons veement, together with a list of the | |
| 5. | In return for the above-disclosed fe a. Analysis of the debtor's finar bankruptcy; | _ | - | |
| | b. Preparation and filing of any | petition, schedules, staten | nents of affairs and plan which r | may be required; |
| | c. Representation of the debtor | at the meeting of creditors | and confirmation hearing, and a | any adjourned hearings thereof; |
| | d. Representation of the debtor | r in adversary proceedings | and other contested bankruptcy | matters; |
| 6. | By agreement with the debtor(s), the | e above-disclosed fee does | s not include the following servic | ces: |
| | | | | |
| | | CERTIFICA | ATION | |
| | I certify that the foregoing is a compl ne debtor(s) in this bankruptcy procee | ete statement of any agree | - | ent to me for representation |
| | 9/30/2016 | | /s/ Mark Bernachea | |
| | Date | | Signature of Attorney | |
| | - | | Semrad Law Firm | |
| | | | Name of law firm | |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: _ | Riggins, Diane | Case No | Case No | | | |
|----------|---|--|---|--|--|--|
| | Debtor(s) | | | | | |
| | | Chapter | Chapter13 | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| | The above named Debtors hereby verify the | hat the attached list of creditors is true and | ched list of creditors is true and correct to the best of their knowledge | | | |
| | | | | | | |
| Date: | 9/30/2016 | /s/ Riggins, Diane | | | | |
| | _ | Riggins, Diane | _ | | | |
| | | Signature of Debtor | | | | |

US Bank 425 Walnut Street Cincinnati , OH 45202 USA

SYNCB/TJX COS DC PO Box 965005 Orlando , FL 32896 USA

SYNCB/OLDNAVYDC PO BOX 965005 ORLANDO , FL 32896 USA

MABT/CONTFIN 121 CONTINENTAL DR STE 1 NEWARK , DE 19713 USA

TD BANK USA/TARGETCRED PO BOX 673 MINNEAPOLIS , MN 55440 USA

CREDIT FIRST N A 6275 EASTLAND RD BROOK PARK , OH 44142 USA

CBNA PO Box 6497 Sioux Falls , SD 57117 USA

SYNCB/WALMART PO BOX 981400 EL PASO , TX 79998 USA

CAPITAL ONE BANK USA N PO Box 71083 c/o Ashley Boswell Charlotte , NC 28272 USA

COMENITY BANK/VCTRSSEC Po Box 182273 Columbus , OH 43218 USA

JARED-GALLERIA OF JWLR PO Box 3680 Akron , OH 44309 USA

CAPITAL ONE BANK USA N PO Box 71083 Case 16-31400 Doc 1 Filed 09/30/16 Entered 09/30/16 17:51:59 Desc Main Document Page 72 of 82

c/o Ashley Boswell Charlotte , NC 28272 USA COMENITY BANK/CARSONS 1314 PINELOG ROAD AIKEN , SC 29803 USA

COMENITY BANK/TORRID PO Box 182273 Columbus , OH 43218 USA

STATE COLLECTION SERVI 2509 S STOUGHTON RD MADISON , WI 53716 USA

COMENITY BANK/LNBRYANT 4590 E BROAD ST Columbus , OH 43213 USA

KOHLS/CAPONE PO Box 3004 Milwaukee , WI 53201 USA

SALUTE/ATLANTICUS PO BOX 105555 ATLANTA , GA 30348 USA

WEBBNK/FHUT 6250 RIDGEWOOD ROA SAINT CLOUD , MN 56303 USA

SEARS/CBNA PO Box 6282 Sioux Falls , SD 57117 USA

SYNCB/WLMRTD PO Box 530927 Atlanta , GA 30353 USA

MID AM B&T C 5109 S BROADBAND L SIOUX FALLS, SD 57109 USA

CREDITONEBNK PO BOX 98872 LAS VEGAS , NV 89193 USA

VON MAUR 6565 BRADY DAVENPORT , IA 52806 Case 16-31400 Doc 1 Filed 09/30/16 Entered 09/30/16 17:51:59 Desc Main Document Page 74 of 82

USA

MABT RETAIL PO BOX 4499 BEAVERTON , OR 97076 USA

MABT/CONTFIN 121 CONTINENTAL DR STE 1 NEWARK , DE 19713 USA

WEBBANK/FINGERHUT 6250 RIDGEWOOD RD SAINT CLOUD , MN 56303 USA

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS , NV 89193 USA

CHASE CARD PO BOX 15298 WILMINGTON , DE 19850 USA

MABT - GENESIS RETAIL 912 WEST AVENUE NORTH AUGUSTA , SC 29841 USA

MCYDSNB 9111 DUKE BLVD MASON , OH 45040 USA

CCS/CORTRUST BANK PO BOX 7030 MITCHELL , SD 57301 USA

CORTRUST BK PO BOX 7030 MITCHELL, SD 57301 USA

Chrysler Capital P.O. Box 961275 Fort Worth , TX 76161 USA

IRS 1 PO Box 7346 Philadelphia , PA 19101 USA

CDA/PONTIAC 415 E MAIN STREATOR , IL 61364 Case 16-31400 Doc 1 Filed 09/30/16 Entered 09/30/16 17:51:59 Desc Main Document Page 76 of 82

USA

VON MAUR 6565 BRADY DAVENPORT , IA 52806 USA

Quantum3 Group LLC PO Box 788 c/o Fran Rosello Kirkland , WA 98083 USA

Progressive Financial 10412 S Cicero Ave Oak Lawn , IL 60453 USA

Peoples Energy 200 E. Randolph Attn: Customer Service Chicago , IL 60601 USA

Little Company of Mary 5660 W 95th St Oak Lawn , IL 60453 USA

First Premier Bank PO Box 5519 Sioux Falls , SD 57117 USA

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602 USA

IRS 1 PO Box 7346 Philadelphia , PA 19101 USA Case 16-31400 Doc 1 Filed 09/30/16 Entered 09/30/16 17:51:59 Desc Main Document Page 78 of 82

| Debtor 1 | Diane | | Riggins | Case number (if known) | |
|---|--|--|---|--|---|
| Part 6: | First Name Answer These O | Middle Name uestions for Reporting Purp | Last Name | | |
| 16. Wha | at kind of debts you have? | 16a. Are your debts prima 101(8) as "incurred by ☐ No. Go to line 16b. ☑ Yes. Go to line 17. | rily consumer debt an individual primar | ily for a personal, fan | nily, or household purpose." |
| e | | 16b. Are your debts prima obtain money for a bus investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts | siness or investment | or through the opera | tion of the business or |
| | you filing under | ☑ No. I am not filing under Cha | pter 7. Go to line 18. | | |
| Do y after prop and expe that avail | pter 7? ou estimate that any exempt perty is excluded administrative enses are paid funds will be lable for ribution to ecured creditors? | paid that funds will be av | ailable to distribute to unse | ecured creditors? | excluded and administrative expenses are |
| do y | many creditors ou estimate that owe? | ✓ 1-49☐ 50-99☐ 100-199☐ 200-999 | ☐ 1,000-5,00 ☐ 5,001-10,0 ☐ 10,001-25 | 000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| estin | much do you nate your assets worth? | | \$10,000,0 \$50,000,0 | 1-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| estin | much do you nate your lities to be? | □ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | \$10,000,0 \$50,000,0 | 1-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: | Sign Below | | | | |
| For you | 1 | and correct. If I have chosen to file under 11,12, or 13 of title 11, Unite choose to proceed under Cha | Chapter 7, I am awa d States Code. I und apter 7. | are that I may procee erstand the relief ava | nat the information provided is true ed, if eligible, under Chapter 7, ilable under each chapter, and I |
| | | me fill out this document, I had I request relief in accordance | ave obtained and rea with the chapter of | nd the notice required title 11, United States | Code, specified in this petition. |
| | | connection with a bankruptcy years, or both. 18 U.S.C. §§ /s/ Diane Riggins | / case can result in fi | ines up to \$250,000, d 3571. | |
| | | Signature of Debtor 1 ' Executed on9/26/2016 MM / D | <u> </u> | Signature of D Executed or | |

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| Fill in this info | ormation to identify your case: | | | | |
|-------------------|--|---|--|--|-----------------------------------|
| Debtor 1 | Diane | | Riggins | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if til | ing) First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case numbe | r | | (State) | • | |
| (If known) | | | | | |
| Official | Form 106Dec | <u> </u> | | | Check if this is a amended filing |
| Declara | ation About an | Individual De | ebtor's Sched | alut | 12/1 |
| f two married | l people are filing together, | both are equally respons | ible for supplying correc | ct information. | |
| general control | n Below pay or agree to pay someo | ne who is NOT an attorney | y to help you fill out bank | kruptcy forms? | |
| ✓ No | | | | | |
| Yes. | Name of person | *************************************** | _ Attach Bankruptcy I Signature (Official F | Petition Preparer's Notice Form 119). | ∍, Declaration, and |
| | | | | | |
| that they | enalty of perjury, I declare to a retrue and correct. e Riggins Addul of Debtor 1 | hat I have read the summa | * | with this declaration an | d |
| Date 9/2 | | | Date | 1878-1 | |
| M | M/DD/YYYY | | M | M/DD/YYYY | |

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| Debtor 1 | | Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de | Riggins | Case number (if known) |
|--|--------------------------------|--|-------------------------------|---|
| 1880 (MARIA PARA PARA PARA PARA PARA PARA PARA | First Name | Middle Name | Last Name | |
| 8. Wit | thin 2 years before you | ou filed for bankruptcy, did g es. | you give a financial statem | ent to anyone about your business? Include all financial institutions |
| | No Yes. Fill in the details | below. | | |
| | | | Date issued | |
| | Name | | MM/DD/YYYY | _ |
| | Number Street | | | |
| | City | State Zip Code | | |
| | | State Zip Code | | |
| art 12: | Sign Below | | | |
| bank | * | It in fines up to \$250,000, or | imprisonment for up to 20 | years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | Signature | Signature of Debtor 1 | | Signature of Debtor 2 |
| | Date 9/2 | 26/2016 | Ou | Date |
| Did y | ou attach additional | pages to Your Statement o | f Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)? |
| gramog . | No | | | |
| | Yes | | | |
| Did y | ou pay or agree to pa | ıy someone who is not an a | attorney to help you fill out | bankruptcy forms? |
| V | No | | | |
| | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119). |

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| Debt | | Diane First Name | Middle Name | Riggins Last Name | Case number (if known) | |
|--------|----------------------|--|---|---|---|--|
| 16. | Calc | culate the median family | r income that applies to you | | 38 ° | |
| | | Fill in the state in which y | | Illinois | | |
| | | Fill in the number of peop | | 3 | | |
| | | | ncome for your state and size | of household | | \$72,429.00 |
| | | To find a list of applicable | | | ink specified in the separate instructions for this form. This list | |
| 17. | How | do the lines compare? | | | | |
| | 17a. | Line 15b is less than 11 U.S.C. § 1325(b) | or equal to line 16c. On the to (3). Go to Part 3. Do NOT fil | op of page 1 of this I out <i>Calculation of</i> | form, check box 1, Disposable income is not determined under f Disposable Income (Official Form 122C-2). | |
| | 17b. | 1325(b)(3). Go to P | | | sk box 2, Disposable income is determined under 11 U.S.C. § Income (Official Form 122C-2). On line 39 of that form, copy | |
| Part | 3: (| Calculate Your Com | mitment Period Under | 11 U.S.C. §13 | 325(b)(4) | |
| 18. | | · · | nthly income from line 11. | | entitude suitable experience of the control of the | \$3,845.21 |
| 19. | Com | uct the marital adjustment period under 11 U | ent if it applies. If you are m .S.C. § 1325(b)(4) allows you | arried, your spouse to deduct part of yo | e is not filing with you, and you contend that calculating the our spouse's income, copy the amount from line 13. | |
| | 19a. | If the marital adjustment of | does not apply, fill in 0 on line | 19a. | essaedhidasann bleg einn g-yr-ny | - <u>\$0.00</u> |
| | 19b. | Subtract line 19a from | line 18. | | | \$3,845.21 |
| 20. | Calc | ulate your current mont | hly income for the year. Fol | low these steps: | | |
| | 20a. | Copy line 19b. | | | | \$3,845.21 |
| | | Multiply by 12 (the number | er of months in a year). | | | x 12 |
| | 20b. | The result is your current | monthly income for the year f | or this part of the fo | orm. | \$46,142.52 |
| | 20c. | Copy the median family in | ncome for your state and size | of household from li | ine 16c. | \$72,429.00 |
| 21. | How | do the lines compare? | | | | 777 |
| | | ine 20b is less than line 2 period is 3 years. Go to Pa | | by the court, on the | top of page 1 of this form, check box 3, The commitment | Visioning *** Address all playing to |
| | | ine 20b is more than or ec commitment period is 5 yea | | vise ordered by the | court, on the top of page 1 of this form, check box 4, The | Management |
| Part 4 | : S | ign Below | | | | out with any divident |
| | E | By signing here, I declare (| under penalty of perjuty that th | e information on th | is statement and in any attachments is true and correct. | toroutou de mante en de de la companya de la compan |
| | | V totalene are et | Walle O Kee | 1.0 10 0 | . | navery(V)(E)r/r, |
| | | /s/ Diane Riggins Signature of Debtor 1 | 10 come por | gas: | Signature of Debtor 2 | S.C. III. Control of the Control of |
| | | | | | • | 7- (an weeken and a second a second and a second a second and a second a second and
| | | Date <u>9/26/2016</u> MM/DD/YYYY | , | | Date | 00000 mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm |
| | Į. | fyou checked 17a do NC | T fill out or file Form 122C-2. | | | and the second s |
| | | | | is form. On line 39 o | of that form, copy your current monthly income from line 14 abov | /e. |
| | nur menunanan menuna | | | ~~~ | | Combined and a Company of Management Annual |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: _ | Riggins, Diane Debtor(s) | Case No | |
|----------|--|--|--|
| | | Chapter. | Chapter13 |
| | VERIFICATION | OF CREDITOR MATE | RIX |
| | The above named Debtors hereby verify that the att | ached list of creditors is true | and correct to the best of their knowledge |
| Date: | 9/26/2016 | /s/ Riggins, Diane Riggins, Diane Signature of Debte | |